

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or to the front if space permits

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

A. Brown 1-8-07

C. Date of Delivery

y address different from item 1?  YesEnter delivery address below:  No

Ms. Wright  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103

OeCV 1039

Proc orders

Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

7005 1820 0002 3461 4162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

n the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.  
Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.  
The Return Receipt will show to whom the article was delivered and the date

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

A. Brown  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103

A. Brown

1039

7005 1820 0002 3461

Type  
 Certified  
 Mail  
 Insured  
 Receipt for Merchandise  COD

Delivery  
 1-8-07

Is your RETURNA

## 5. Received By: (Print Name)

## 8. Addressee's Address (Only if requested and fee is paid)

## 6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt